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Circular Letter: DHCQ 16-4-658

TO: Acute Care Hospitals

FROM: Monica Bharel, MD, MPH, Commissioner
Department of Public Health *MB*

DATE: April 15, 2016

RE: Reporting of Newborn Substance Exposure and Hospitalizations Caused by
Ingestion of a Controlled Substance

The purpose of this Circular Letter is to provide guidance to acute care hospitals, consistent with the privacy protections offered by federal and state laws, in order to establish the systematic, monthly reporting of infants identified as having been exposed to controlled substances and hospitalizations caused by ingestion of controlled substances. This guidance is provided in accordance with section 16(b) of chapter 38 of the General Laws, as included by section 11 of chapter 258 of the acts of 2014, *An Act to Increase Opportunities for Long-Term Substance Abuse Recovery*, and further amended by section 10 of chapter 52 of the acts of 2016, *An Act Relative to Substance Abuse, Treatment, Education and Prevention*, which reads as follows:

SECTION 16..... (b) Acute hospitals, as defined in section 64 of chapter 118E, shall file a monthly report regarding the exposure of children to controlled substances with the commissioner of public health in a manner to be determined by the commissioner of public health. This report shall include, but not be limited to: (i) the number of infants born in the previous month identified by the hospital as having been exposed to a schedule I through schedule II, inclusive, controlled substance, under chapter 94C, and those controlled substances in schedule III, under chapter 94C, that the drug formulary commission established in section 13 of chapter 17 has determined have a heightened level of public health risk due to the drugs' potential for abuse and misuse, and (ii) the number and specific causes of hospitalizations of children under the age of 11 caused by ingestion of a schedule I through schedule II, inclusive, controlled substance, under said chapter 94C, and those controlled substances in schedule III, under chapter 94C, that the drug formulary commission established in section 13 of chapter 17 has determined have a heightened level of public health risk due to the drugs' potential for abuse and misuse.

Reporting Overview:

All data required under section 16 must be reported to the Department of Public Health (DPH) through the Health Care Facilities Reporting System (HCFRS) in the aggregate, on a monthly basis, within 60 days of the close of the reporting month. For example: data for the month of January, for which the reporting period closes on January 31st, is due no later than the following March 31st.

Specific instructions for reporting and an illustration of the HCFRS portal specific to this data reporting are included as the attached document **“Instructions for Reporting Newborn Exposures and Hospitalizations Caused by Ingestion in Children Under 11”**.

In order to ensure consistency and accuracy in reporting, all data required under section 16 is based upon International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) definitions.

I. Infants born in the past month exposed to controlled substances:

On a monthly basis, a hospital must capture and report all instances of infant exposure and overdose by providing the following ICD-10-CM codes:

- Related to a mother’s drug dependence:
 - F11.20 – drug dependence to opioids
 - F13.20 – drug dependence to benzodiazepines
- Related to newborn exposure:
 - P96.1 – neonatal abstinence syndrome
 - P04.49 –affected by maternal use of drugs of addiction

A hospital must report the total number of births, living or dead, where the gestational age is estimated to be 24 weeks or greater as the denominator for this measure. If the hospital does not have labor and delivery services and there were no births, then report zero in this field.

II. Hospitalizations caused by ingestion in children under age 11:

On a monthly basis, a hospital must capture and report the number and specific causes of hospitalizations caused by ingestion of controlled substances by providing the following ICD-10 codes:

- For all emergency department (ED) visits, observation stays and hospital discharges:
 - T40.0(x1-x4) – opium-caused ingestions
 - T40.1(x1-x4) – heroin-caused ingestions
 - T40.2(x1-x4) – opioid-caused ingestions
 - T40.3(x1-x4) – methadone-caused ingestions
 - T40.4(x1-x4) – synthetic narcotics-caused ingestions
 - T40.691-T40.694 – other narcotic-caused ingestions
 - T40.601-T40.604 – unspecified narcotic-caused ingestions
 - T42.4(x1-x4) – benzodiazepine-based tranquilizers-caused ingestions

A hospital must distinguish between those cases where these ICD-10 codes were the primary code and where they were coded as related to the hospitalization or a secondary diagnosis or greater.

A hospital must report the number of ED visits, observation stays and inpatient hospitalizations of children under the age of 11 as the denominator for this measure.

Best Practice Guidance:

In 2013, DPH issued circular letter, 13-5-586, Guidelines for Community Standard for Maternal/Newborn Screening For Alcohol/Substance Use, which summarizes the consensus approach to screening pregnant women and their newborns for exposure to drugs during pregnancy.

It can also be found at: <http://www.mass.gov/eohhs/docs/dph/quality/hcq-circular-letters/2013/dhcq-1305586.pdf>

Data reporting should begin for the month of April 2016. Hospital organizations should submit their data for each hospital site via HCFRS, no later than June 30, 2016.

Questions on compliance with these requirements may be directed to Katherine Fillo, Manager of Quality Improvement, Bureau of Health Care Safety and Quality, Department of Public Health, katherine.fillo@state.ma.us.

Instructions for Reporting Newborn Exposures and Hospitalizations Caused By Ingestion in Children under the Age of 11

Process:

Newborn exposures and hospitalizations caused by ingestions in children under the age of 11 must be reported to the Massachusetts Department of Public Health (DPH) by submitting through the Health Care Facility Reporting System (HCFRS).

1. Each facility must have staff members enrolled and able to report via HCFRS. Enrollment instructions may be found at:

<http://www.mass.gov/eohhs/provider/reporting-to-state/abuse-neglect/health-care-facilities/forms-and-web-based-reporting.html>

2. Each facility must create a new report to submit the monthly data.
3. Select “enter incident report”.
4. Select “monthly opioid report” as the incident type.
5. Under incident date, select the first day of the month for which the data is being reported.
6. If the facility is a birth hospital then select “yes” and additional questions regarding newborn exposure will appear.
7. Provide the number of emergency department visits, observation stays and inpatient admissions of children under age 11.
8. For each of the ingestion questions, provide the number of children under age 11 that meet the definition. Answer each of the questions. If no children under age 11 meet the definition then answer zero.
9. Save the report.
10. Submit the report.

Screen shot of the reporting form for non-birth hospitals:

Status: Incomplete (Number of Questions:50, Incomplete Required Questions:2)

Case #: 100079714 Save Cancel

Enter new reporter information? ▼

Patient Information

* Enter a patient/resident/client? No ▼ [Add New](#)

Incident Information

Incident Date 02/01/2016 📅

Time needs to be entered in the following format: ##:##AM/PM (e.g. 03:00PM)

Time of Occurrence

* Select Incident/Allegation/Report Type Opioid Monthly Reporting ▼ [Add New](#)

Opioid Monthly Reporting

Please select the first day of the month for which you are completing this form in above Incident Date field. Please enter the number of individuals who meet the reporting requirements for each field in this form.

Is your facility a birth hospital? ▼

For the reporting month, how many ED visits occurred at your facility?	<input type="text" value="0"/>			
For the reporting month, how many observation stays occurred at your facility?	<input type="text" value="0"/>			
For the reporting month, how many inpatient admissions occurred at your facility?	<input type="text" value="0"/>			
For the reporting month, how many opium-caused ingestions were treated at your facility?	ED <input type="text" value="0"/>	Observation <input type="text" value="0"/>	Inpatient <input type="text" value="0"/>	
For the reporting month, how many heroin-caused ingestions were treated at your facility?	ED <input type="text" value="0"/>	Observation <input type="text" value="0"/>	Inpatient <input type="text" value="0"/>	
For the reporting month, how many methadone-caused ingestions were treated at your facility?	ED <input type="text" value="0"/>	Observation <input type="text" value="0"/>	Inpatient <input type="text" value="0"/>	
For the reporting month, how many other opioid-caused ingestions were treated at your facility?	ED <input type="text" value="0"/>	Observation <input type="text" value="0"/>	Inpatient <input type="text" value="0"/>	
For the reporting month, how many synthetic narcotics-caused ingestions were treated at your facility?	ED <input type="text" value="0"/>	Observation <input type="text" value="0"/>	Inpatient <input type="text" value="0"/>	
For the reporting month, how many other narcotics-caused ingestions were treated at your facility?	ED <input type="text" value="0"/>	Observation <input type="text" value="0"/>	Inpatient <input type="text" value="0"/>	
For the reporting month, how many unspecified narcotics-caused ingestions were treated at your facility?	ED <input type="text" value="0"/>	Observation <input type="text" value="0"/>	Inpatient <input type="text" value="0"/>	
For the reporting month, how many poisoning by benzodiazepine-based tranquilizers-caused ingestions were treated at your facility?	ED <input type="text" value="0"/>	Observation <input type="text" value="0"/>	Inpatient <input type="text" value="0"/>	

Harm Type ▼

Body Part Affected ▼

Question Detail and Specific Guidance:

Question	Guidance
For birth hospitals:	
For the reporting month, how many infants were delivered at your facility?	
For the reporting month, how many infants who were delivered at your facility had neonatal withdrawal symptoms from maternal use of drug addiction or were affected by maternal use of other drugs of addiction?	Corresponds to ICD-10 :P96.1 and/or P04.49 as the primary or associated diagnoses
For the reporting month, how many infants who were delivered at your facility have mothers with drug dependence due to opioids, benzodiazepines or any combination of opioid type drug with other drug dependence?	Corresponds to ICD-10: F11.20, F13.20, and F11.20+Drug Codes F11-F19 in the associated diagnoses fields
For all hospitals:	
For the reporting month, how many ED visits of children under 11 occurred at your facility?	
For the reporting month, how many observation stays of children under 11 occurred at your facility?	
For the reporting month, how many inpatient admissions of children under 11 occurred at your facility?	Use the date of admission when determining whether the child should be included in the reporting month
For the reporting month, how many opium-caused ingestions were treated at your facility?	Corresponds to ICD-10 :T40.0 (x1-x4) as primary diagnosis
For the reporting month, how many heroin-caused ingestions were treated at your facility?	Corresponds to ICD-10 :T40.1 (x1-x4) as primary diagnosis

For the reporting month, how many methadone-caused ingestions were treated at your facility?	Corresponds to ICD-10 :T40.3 (x1-x4) as primary diagnosis
For the reporting month, how many other opioid-caused ingestions were treated at your facility?	Corresponds to ICD-10 :T40.2 (x1-x4) as primary diagnosis
For the reporting month, how many synthetic narcotics-caused ingestions were treated at your facility?	Corresponds to ICD-10 :T40.4 (x1-x4) as primary diagnosis
For the reporting month, how many other narcotics-caused ingestions were treated at your facility?	Corresponds to ICD-10 :T40.691 - T40.694 as primary diagnosis
For the reporting month, how many unspecified narcotics-caused ingestions were treated at your facility?	Corresponds to ICD-10 :T40.601-T40.604 as primary diagnosis
For the reporting month, how many benzodiazepine-based tranquilizers-caused ingestions were treated at your facility?	Corresponds to ICD-10 :T42.4 (x1-x4) as primary diagnosis

Questions on compliance with these requirements may be directed to Katherine Fillo, Manager of Quality Improvement, Bureau of Health Care Safety and Quality, Department of Public Health, katherine.fillo@state.ma.us.